

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

July 13, 2015

Ms. Vicki Quatrini, Manager Sunset Home 73 Prospect Street Saint Johnsbury, VT 05819-2296

Dear Ms. Quatrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 16, 2015. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

mlaMCHaRN

Licensing Chief



FL 39 2015

Division of Licensing and Protection (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 0095 06/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 73 PROSPECT STREET SUNSET HOME SAINT JOHNSBURY, VT 05819 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 ! An unannounced onsite re-licensing survey was Please see attached completed by the Division of Licensing and Protection on 6/16/15. Based on information plans of correction. gathered, the following regulatory deficiencies : were cited. R134: V. RESIDENT CARE AND HOME SERVICES R134 SS=D 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilitles regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to complete an assessment within 14 days of admission for 1 of 3 residents in the applicable sample (Resident #3). Findings include: 1. Record review for Resident #3 documented admission to the home on 9/24/14. The date of completion on the Resident Assessment document was 10/26/14, thereby in excess of the required 14 day assessment period. On 6/16/15 at 12:30 PM, the home's manager confirmed that the assessment for Resident #3 was completed outside the 14 day period. Division of Licensing and Protection

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Division of Licensing and I	Protection					
STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 7 7	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/16/2015	
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R179 Continued From	page 1	R179				
R179 V. RESIDENT CARE AND HOME SERVICES SS=E		R179				
5.11 Staff Service	es					
demonstrate com techniques they a providing any dire shall be at least t year for each sta	e must ensure that staff inpetency in the skills and are expected to perform before ect care to residents. There twelve (12) hours of training each ff person providing direct care to raining must include, but is not lowing:					
(3) Resident emissuch as the Heim or ambulance co (4) Policies and reports of abuse, (5) Respectful at residents; (6) Infection con limited to, handw maintaining clear pathogens and u	nts; nd emergency evacuation; ergency response procedures, nlich maneuver, accidents, police ntact and first aid; procedures regarding mandaton, neglect and exploitation; nd effective interaction with trol measures, including but not rashing, handling of linens, n environments, blood borne iniversal precautions; and ervision and care of residents.					
by: Based on record home failed to er engaged in all ma	IENT is not met as evidenced review and staff interview, the assure that 5 of 5 staff sampled andatory annual trainings and a of total training annually.				:	
	review, 3 of 5 employees in the e documented evidence of fire				:	

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PRINTED: 06/25/2015 FORM APPROVED

Division of Licensing and Protection (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ 0095 B. WING 06/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 73 PROSPECT STREET SUNSET HOME SAINT JOHNSBURY, VT 05819 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R179 R179 i Continued From page 2 safety training. Five of 5 employees had documented training in medication administration and infection control. Two of 5 employees lacked mandatory annual training in fire safety. Five of 5 employees lacked documented annual training in the following mandatory subjects: Resident Rights, Emergency Response, Abuse & Neglect, and Respectful Effective Communication. None of the training documentation provided included hours spent in the training; there was insufficient evidence to indicate completion of 12 hours of annual training for 5 of 5 sampled employees. On 6/16/15 at 11:40 AM, the home's manager confirmed that the home could not provide documentation of completion of mandatory annual trainings and a total of 12 hours of annual training for 5 of 5 employees in the sample. *This is a repeat citation. R180 R180 V. RESIDENT CARE AND HOME SERVICES SS≃E 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced Based on record review and staff interview, the home failed to document for 5 of 5 employees in the sample all mandatory annual trainings and a total of 12 hours of total training annually. Findings include: 1. During record review, 3 of 5 employees in the

Division of Licensing and Protection STATE FORM

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Division of Licensing and P	rotection				
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safety training. Fix documented training and infection contour mandatory annual employees lacked the following manares Rights, Emergence and Respectful Efforthe training documentation of annual training for 6/16/15 at 11:40 Accommendation of annual trainings a	documented evidence of fire re of 5 employees had ang in medication administration rol. Two of 5 employees lacked training in fire safety. Five of 5 documented annual training in datory subjects: Resident y Response, Abuse & Neglect, fective Communication. None umentation provided included training; there was insufficient te completion of 12 hours of 5 of 5 sampled employees. On M, the home's manager home could not provide completion of mandatory and a total of 12 hours of annual employees in the sample. *This				
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Division of Licensing and Protection STATE FORM

5.7 Assessment

I have talked with my RN. Pat MacNickels from Caledonia Home Heath and we have worked on a system which will put us with in the 14 days of admission assessment. I will call her with a new admissions and date of arrival and she will come with in the 14 day grace period.

- 5.11 I will have a training meeting once a month starting in the month of July we will start with
- 1. Residents Rights
- 2. Fire safety and emergency evacuation
- 3. Residents emergency response procedures, such as the Heimlich maneuver, accidents police or ambulance contact and first aid
- 4. Policies and procedures regarding mandatory reports of abuse, neglect and exploitation
- 5. Respectful and effective interaction with the residents
- 6. Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions
- 7. General supervision and care of residents
- 8. Test with RN from Home Health on Med pour
- 9. Dementia
- 10. Alzheimer's
- 11. Food service and diet
- 12. General Definition of Level IV Home

I will set up a 6 trip visit by the Fire Department to have fire drill on all shifts so every employee day or night has the experience with the fire fighter and getting the ladies to the safe place in the house or yard.